

Cultural CONNECTION

Volume V, Number 8

Fall 2001

INSIDE THIS ISSUE

2

Refugee Mental
Health

3

The Culture of Death
and Dying

4

Calendar of Events

5

Spotlight on
Excellence

6

Latino Behavioral
Health Week

7

Community-Based
Treatment
for HIV/AIDS

Volume V, Number 8
Fall 2001



COUNTY OF ORANGE
HEALTH CARE AGENCY

Dr. Bernard Rappaport.... Farewell

Dr. Bernard Rappaport was a man of vision. His brilliant thoughts and quirky ideas baffled many—baffled most. But there was a method to his madness, which allowed him to make significant contributions to the County of Orange. Under his guidance, the children of Orange County received top-notch psychiatric care, clinics were built with the blessing of the local communities, and attention was paid to the importance of culture in treatment.

Dr. Rappaport was a man who touched the lives of many. He had the uncanny ability to connect with complete strangers and offer them life-changing advice. It is this type of dedication to his profession that made him the person that he was.

He was a man who loved dogs. Dogs had such a profound impact on him that he used his experiences with them to teach others about life. His love and respect for these animals was the foundation for defining his relationships. He stated once, "Linda (his wife) and I have learned that when one provides a consistent and organized way of interacting, a supportive,

loving milieu for an animal, that the animal becomes a true, real member of the family."

Dr. Rappaport loved his wife Linda more than life itself. His extraordinary dedica-

tion and devotion could be seen throughout their forty some years of marriage.

Born in New Jersey, Dr. Rappaport received his M.D. from Case-Western Reserve University, Ohio. As a new physician, he served in the Air Force, as a Captain, and was the acting Head of the Psychiatry Department at Sheppard Air Force Base in Texas.

He went on to be-

come the Superintendent of Wichita Falls State Hospital in Texas, where he single-handedly integrated a traditional medical facility at a time when segregation was the norm. He and his wife Linda came to Southern California, where he became the Director of Children and Youth Services for the County of Orange. He developed many innovative programs that continue to be ahead of their time.

Dr. Rappaport passed away on July 14, 2001. He is survived by his wife Linda, and their "daughter," Jocasta, affectionately known as Josie.



Refugee Mental Health

In 1999, the United Nations High Commissioner for Refugees estimated the worldwide population of refugees and asylum seekers to be 12.9 million. This number does not include the millions of people displaced within their own countries.

The United States government established a ceiling of 80,000 refugees for FY 2001 with the majority of allocations going to African and European regions of the world. Southern California received some 8,000 refugees and Orange County received some 1,000.

Although the Department of State has developed an orientation program, which includes a guidebook called "Welcome to the United States," cultural orientation is a far more complex issue. When you add to this the traumatic experiences that led to their refugee status, i.e., war, persecution, re-education camps and other human atrocities, it is no wonder that refugees arriving in Orange County may have difficulty adjusting to life in a new land.

As clinicians, a complete assessment can begin to bring to focus any refugee mental health issues. "I always ask ethnicity, primary language, where my patient was born...but I have never asked **how** my patient came to the U.S."

Immigration/migration assessment is as important an issue for clients as any other. There is an extensive body of research that makes the connection between migration and psychopathology (Odegaard, 1932). There are increased rates of psychopathology in voluntary migrants (Malzberg, 1967). Although there are varying characteristics among refugees, the experience of being a refugee itself has unique characteristics that follow

a predictable pattern of behavior across all ethnic groups (William, 1985).

Murphy was the first to report high rates of serious psychopathology among World War II refugees who had settled in England. The rates for mental illness for various groups studied by Murphy (1955) showed a gradation according to the degree of persecution and trauma experiences during war. Furthermore, if resettlement occurred in a "friendly" locale where "mixing" with the locals occurred, the rates of mental illness were lowest. The converse held true.

The highest rates of mental illness occur early after migration—during

the first or second year. The older the age of the refugee also correlates with higher levels of symptomatology. A number of studies have also demonstrated that difficulty with language has a negative effect on refugee mental health as well.

It remains important when working with clients to consider immigration (voluntary or involuntary) factors that can contribute to or decrease a refugee's ability to adjust. For more information, please attend the upcoming Southern California Refugee Conference, "A Forum for Addressing, Respecting and Understanding the Mental Health Needs of Refugees (see page 8).

Latino Social Work Network

Orange County Affiliate
12TH Annual Conference

2001: Social Work Odyssey

Preparándonos Para El Futuro Del Trabajo Social

(Preparing Ourselves for the Future of Social Work)

October 25-27, 2001

Hilton Costa Mesa

Orange County, California

October 25: Pre-Conference Institute: NASW-Mental Health & HIV/AIDS: Social Work Practice Issues—full day—7 CEUs

October 26 & 27: Multiple workshops, exciting and thought provoking keynote speakers, entertainment, Board of Directors Luncheon, casino night, dancing, book signing, interesting exhibits, scholarship presentations, Buen Hecho Award, & more Keynote Speakers.

Friday, October 26 a.m.: The Most Reverend Jaime Soto-Auxiliary Bishop Diocese of Orange will speak on how we can prepare ourselves to meet the needs of our communities.

(Continued on p.3)

The Culture of Death & Dying

The old adage goes... "Some things in life are inevitable, like death and taxes ...," yet the means to the end of the former can vary greatly by culture. There are definite differences in how various cultures see, react to and experience death. Religion aside, it is an important facet to be aware of when working in the human services field.

Many cultures obligate extended family to attend to the sick and dying, to pay their last respects. Many times this obligation does not extend to pregnant women (Mexican culture), who may even be dissuaded from visiting the dying and/or attending funeral services. "I had a client from Mexico who was only a few months pregnant when her father died. At first I thought she was experiencing great difficulties with grief and was really trying to work with her on this issue. It appeared she was resistant to getting closure—to seeing him one last time—to saying her good-byes. She even refused to

attend the funeral. Then, another clinician told me that it was probably cultural, so I checked it out and found that to be the case," stated Bernadette, a community mental health worker.

Issues very acceptable in the majority culture may be seen as very disrespectful and inappropriate in other cultures. For example, the basic signing of consents for treatment, do not resuscitate (DNR) orders, etc., may require far more sensitivity and time to allow the family and perhaps the "head" of the family (parents, eldest child in many Asian cultures) to make such decisions.

Majority culture/Western values place particular emphasis on issues of confidentiality, and with good reason. When dealing with people from other cultures, especially when addressing death and dying, such issues require more flexibility. For example, for most of us, the patient is usually seen as the keeper of the power to consent, etc. Yet in many

cultures, the dying patient may not even be told of the impending death (Chinese, Russian, South Asian). In some cultures, the death of a loved one is disclosed to friends before family, so that the friends can provide emotional support (Ethiopian/Eritreans).

Many people identify the hospital as an appropriate place to die, although the move of American culture towards hospice has demonstrated a shift in ideas surrounding death, towards embracing the idea of dying at home. Many Chinese may feel dying at home is bad luck, while other Chinese and Mexicans may feel if their loved one dies in the hospital, that their spirit may get lost. Gypsies (Roma) will keep a window open to allow the spirit to depart.

American culture usually marks death with the color black, while Cambodians mourn with the color white. Hmong must wear their finest clothing when departing this world. The family members may want to dress up the dying person in the hospital as it is shameful to be dressed poorly when entering the next realm. Burial also varies from culture to culture. Some people will want to wash their dead, while others will not care to see the body after death.

The best advice clinically is to be aware of the various cultures of your patients, and simply ask questions regarding death and dying, while keeping an open mind.

(Continued from p.2)

Latino Social Work Network

Friday, October 26 p.m.: Dr. James Manseau Saucedo—Director, Multicultural Center—CSULB, Professor, Communication Studies, CSULB—will enlighten us with an interactive approach to face multi-ethnic issues in the future.

Saturday, October 27 a.m.: Mr. Victor Villaseñor, renowned author of *Lluvia de Oro (Rain of Gold)* and other works, spokesperson, and activist will address the conference and will offer a book signing session of his new book *Thirteen Senses*, Friday at the 7:00 p.m. casino night reception and immediately following his address Saturday a.m.

Visit our web page: www.lswnoc.com. To be placed on our mailing list, contact Angela Santos at (714) 704-8378 or by email at santoab@ssa.co.orange.ca.us. For more information, call Alice Apodaca at (714) 704-8829 or by email at apodaca@ssa.co.orange.ca.

CALENDAR OF EVENTS

Conference August 10, 2001

Multi Ethnic Behavioral Health Services Task Force

Location: Irvine Hyatt Regency

Information: (714) 834-0757

Event August 25, 2001

Seal Beach Clean up!

Location: 1st Street beach parking lot in Seal Beach

Time: 9:00 am

Information: (714) 799-0179

Conference September 12, 2001

Southern California Refugee Forum

Location: Newport Beach Marriott

Information: (714) 796-0188

Event September 15-22, 2001

Latino Behavioral Health Week

Conference October 4, 2001

Healing the Mind, Body and Spirit

Location: Riverside Convention Center

Information: (909) 787-7950

Conference October 11, 2001

Spirituality & Mental Health: Beginning a Dialogue

Location: Hilton Universal City & Towers

Information: (626) 254-5000

Event October 21-4, 2001

Korean Festival

Location: Garden Grove Blvd., Garden Grove

Information: (714) 638-1440

Event October 18-20, 2001

13TH Annual Conference on Attention Deficit

Hyperactivity Disorder "Communicating the science of AD/HD: From fiction to fact."

Location: Anaheim

Information: (800) 233-4050

Conference October 25-27, 2001

12TH Annual Latino Social Work Conference: 2001 Social Work Odyssey

Location: Costa Mesa

Information: (714) 704-8378

Conference November 23, 2001

Strengthening our Partnership-

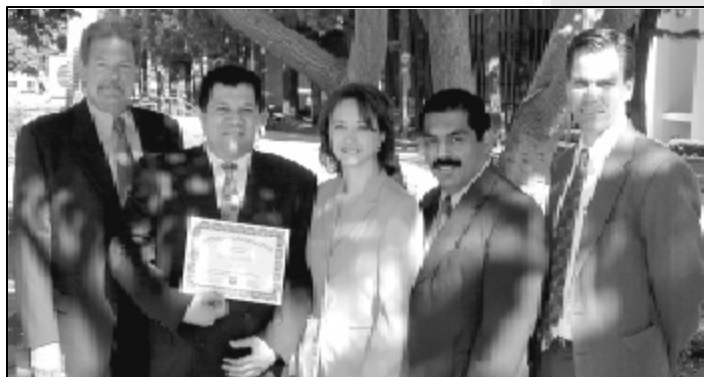
Families, Schools & Mental Health Services

Location: Hyatt Regency Alicante, Anaheim

Information: (714) 796-0118

Spotlight on Excellence

June 2001 Honoree



Behavioral Health Director, Doug Barton; Benito Paredes; Ronnie Kelley (Cultural Competency); Rafael D. Canul (Cultural Competency); Service Chief, ADAS, Brett O'Brien.

Benito Paredes began his career with the County in September 2000. Prior to this, he was a volunteer for the California Youth Authority, serving as

a counselor where he worked mostly with Latino youth.

"I enjoy working with many different people from different backgrounds," said Paredes, and his colleagues concur. "Benito is always interested in learning about all other cultures. He spends a great deal of time in the Cultural Competency lending library."

Born in Nicaragua, Benito was raised in a small town. He attended the University of Central America, and was studying to become a lawyer. Unfortunately, he had to discontinue his studies when the revolution came and his school was shut down. He came to the United States in 1978 and immediately found work.

He received his AA degree from Glendale College where he studied Human Services. He currently serves as a Mental Health Specialist for the County's Alcohol and Drug Abuse Services-Drug Court Division.

April 2001 Honoree

Bill Washburn was born and raised on a cattle ranch in Wyoming. He served as a Corpsman with the Marines in Vietnam, receiving two purple hearts and a Bronze Star. He had always been interested in psychology, and continued his studies when he was discharged from the Marines.

Bill began his career with the Health Care Agency in 1980. He currently serves as Service Chief for Alcohol and Drug Abuse Services in South County.

Bill enjoys his work with behavioral health consumers, watching people grow and being a part of the experience. According to Bill's colleagues, he always goes out of his way to acknowledge and respect the various cultures of his staff and the clinic consumers. "I value being a part of an organization that offers services to people who otherwise might not have the opportunity to make a positive change in their lives."



Ronnie Kelley (Cultural Competency); Bill Washburn; ADAS, Program Manager, John Van Sky; Rafael D. Canul (Cultural Competency).

(Continued on p.7)

LATINO BEHAVIORAL HEALTH WEEK

WHEREAS, the Latino population represents a significant percentage of California's population; and

WHEREAS, the Latino population continues to increase at a rapid rate; and

WHEREAS, Latinos suffer from mental illness and from alcohol and other drug addictions in the same proportion as the general population; and

WHEREAS, Latinos historically underutilized early intervention and preventative public behavioral health services; and

WHEREAS, underutilization of behavioral health care results in unnecessary pain and suffering by Latino families; and

WHEREAS, the State of California desires to eliminate unnecessary pain and suffering of behavioral health disorders in the Latino community; and

WHEREAS, the State of California strives to provide quality behavioral health care to the Latino community:

NOW, THEREFORE, BE IT RESOLVED that the Orange County Board of Supervisors does hereby proclaim that the third week of September each year be proclaimed "Latino Behavioral Health Week" and

BE IT FURTHER RESOLVED, that Orange County will conduct activities promoting awareness through community education, screening and referral to linguistic and culturally appropriate services, organized and implemented by community health, drug, and mental health agencies.

Name of Event: Latino Health Week
Date: September 15–22, 2001

Community-Based Treatment for African Americans with HIV/AIDS

Ernesta Wright, Executive Director, The New Millennium Community Coalition

Approximately 2 million residents live in Orange County. African Americans comprise less than 2% of the population, yet represent almost 7% of AIDS cases. Orange County Epidemiology Data for 2000 reflects the following HIV/AIDS disparity when the standard calculation of AIDS case rates per 100,000 of a specific ethnic group is applied: Whites – 9.6 per 100,000; Latinos – 16.9 per 100,000; Asians – 1.9 per 100,000 and African Americans – 38.6 per 100,000.

Intermediary Health Services is the only community-based, HIV/AIDS program in Orange County founded and operated by African Americans. The parent organization, The New Millennium Community Coalition (NMCC), provides HIV/AIDS services through programs and activities

designed and implemented with input and participation from African American civic and business leaders, clergy, health care professionals and PWAs (Persons with AIDS) throughout the Orange County service area.

The New Millennium Coalition (NMCC) is a community-based organization developed to serve the lower income and disadvantaged community of Orange County through health, education, and economic empowerment. The vision of NMCC is to create strong supportive resources that build upon the many cultural strengths of the African American community, where individuals and families can develop to their full potential.

The Intermediary Health Services program evolved from NMCC's initial HIV/AIDS prevention education and

outreach activities and currently provides the following free services to HIV-impacted individuals: pre- and post-test counseling, mental health services, case management, transportation services and support groups.

NMCC has proven effective in its unique ability to facilitate networking and collaboration among a broad range of African American civic, business, professional and faith-based organizations, and individuals from a variety of occupations, socioeconomic groups and sexual orientations on addressing the issues of HIV/AIDS.

For further information please contact the corporate office, located at 2215 W. McFadden Avenue, Santa Ana. NMCC's telephone number is 714-835-1032.

(Continued from p.5)

Spotlight on Excellence

March 2001 Honoree




Behavioral Health Director, Doug Barton; Ronnie Kelley (Cultural Competency); Carole Mintzer; Rafael Canul (Cultural Competency); Davine Abbott, Manager, Office of Quality Management

Carole Mintzer began her career with the Health Care Agency in 1998. She currently serves as a Staff Analyst in Quality Management. She earned her Masters in Public Administration at the University of Arizona, after which she worked for the Federal Government in the Department of Health and Human Services for six years. "I feel honored to receive the cultural competency award."

As Carole's colleagues note, she always attends to the idea of cultural sensitivity in all of her projects, especially in her work with Children's System of Care. According to Carole, "We are so blessed in this County to have such a rich diversity of cultures."

Southern California Refugee Conference
hosted by County of Orange Health Care Agency & Social Services Agency

"A Forum for Addressing, Respecting and Understanding the Mental Health Needs of Refugees"



Newport Beach Marriott
September 12, 2001

REGISTER EARLY!
Registration \$35 until August 29th
Onsite Registration \$65 (after deadline)
Questions? Call (714) 796-0188
CEU's will be available

SPONSORED BY:
State Department of Social Services
State Department of Mental Health
State Department of Health Services

For updated information, online registration and exhibitor opportunities, visit:
www.oc.ca.gov/hca/refugees

Cultural CONNECTION

Volume V, Number 8 Fall 2001

The Cultural Connection is published quarterly by the Cultural Competency Program of the County of Orange/Health Care Agency. If you would like to contribute an article, or have comments, ideas, or suggestions for newsletter improvement, please write to us at:

County of Orange/Health Care Agency
405 W. 5th Street, Suite 400
Santa Ana, CA 92701
Telephone: (714) 796-0188
FAX: (714) 796-0194
Web URL: www.oc.ca.gov/hca/behavioral/cultural.htm

Editor: Ronnie Kelley, LCSW
Ethnic Services Coordinator/Service Chief I
Cultural Competency

Contributing Staff:
Rafael D. Canul, PhD

Production Staff:
Antonia Roman



County of Orange/Health Care Agency
QM/Public Information and Communications
405 W. 5th Street, 4th Floor
Santa Ana, CA 92701

